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ANNUAL REPORT OF THE MEDICAL OFFICER
OF HEALTH FOR THE YEAR
1952

LODDON RURAL DISTRICT

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report for the year 1952 which has been compiled according to the directions of the Minister of Health. Vital statistics and other tabulated data will be found at the conclusion of the report.

Staff and Administration.

Mr. R.W. Garrood has been appointed assistant Sanitary Inspector in place of Mr. K. Rager.

The Norwich Local Health Office of the County Council which I use as my administrative centre for all purposes, has now been in existence for a year and the benefits of the improved accommodation are noticeable. The offices of areas 1, 4 and 5 are all situated here and at the beginning it was thought that some economy of labour might be effected by pooling some of the work. This did not prove practicable however and the three areas now run as separate entities. At the conclusion of the year the position regarding clerical assistance for District Council duties remained unaltered. I can add nothing to what I have said on this subject in previous reports. I trust that effective action will soon be taken to settle this long drawn out question.

General Remarks

There has been a noticeable easing in the general feeling of frustration which was apparent in the population last year. This is still present but judging by the lessening of industrial disputes and the fewer wage claims, the economic climate is healthier and the people more satisfied. In general, the health of your district has remained satisfactory.

Health Education

In Western Europe the control of epidemic disease and the lowering of the infant mortality rate has resulted in a remarkable lengthening of the expectation of life. Reference to table 8 which shows the age at which persons died in your community in 1952, shows that the vast majority are 65 and over. Many persons were in their 90's. By contrast, deaths in childhood and adolescence are conspicuous by their absence. Much improvement, however is still possible in the health of every section of the community. In his report for 1951, Sir John Charles, the Chief Medical Officer of the Ministry of Health, points out that the accent in public health work has moved from environmental hygiene to that of the personal health services and he further states that any progress in future will be increasingly dependent on the active participation of the individual.

It is a truism to say that progress always has and always will be opposed by sectional interest but there is less recognition of the fact that apathy towards the raising of health standards is widespread among the very persons who stand to benefit most by improvements and that this apathy largely results from the lack of adequate training and education in early life. Adequate health education will be the most fruitful in ensuring that modern services and knowledge are used to best advantage.

Today the public receives much of its education in health matters from commercial advertising, the form and text of which is dictated by business considerations. Great play is made of common complaints - "rheumatism", "backache", "sleeplessness", "nervousness" - most of which are in themselves meaningless terms. Much of the education undertaken by health authorities and voluntary committees, has been directed towards securing the early diagnosis of disease and their posters often seem designed to frighten the individual into seeking early advice on trivial symptoms, by implying the horrors of untreated Venereal Disease, Tuberculosis or Cancer.

Such education, if superimposed on a background of ignorance and uninformed public opinion, can be of little use and may result in a great deal of unnecessary psycho-neurosis.

Although the recognition of the importance of health education has grown steadily and many countries including our own, have special bodies devoted to it, the fundamental need has largely been passed by, namely, the training of the young child in a healthy way of life and the inculcation in him - perhaps indoctrination would be a better word - of a sane and balanced approach to the question of health.

The school is clearly the place for this most important work. Health education should not be a separate part of the ordinary school curriculum - it should be invisibly interwoven into the fabric of what the child is taught and his physical environment should be so designed as to play an unconscious but effective part in the work. Of these, the former is the most important and costs the least money.

Throughout the 70 schools, mostly small, in area 5, I have seen little evidence that serious attention has been given to integrating health education in the manner described. It appears likely that the training of teachers is itself at fault, for they seldom appear aware of the need for the development of a positive attitude towards health in the schoolchild and there seems to be little guidance coming to them from their superiors in this matter.

Population

The Registrar General estimates your population as 12,610 compared with 12,660 last year (1951 census 12,573). Live births numbered 186 and deaths 141, a natural increase of 45. There thus appears to have been little movement in or out of your area during the year. Four still births were recorded and there were 2 deaths under one year.

Infectious Diseases (other than Tuberculosis).

Ninety-two cases of notifiable disease were recorded. Fifty-three of these were attributed to measles and 10 to whooping cough. A County Scheme for whooping cough immunisation has now been approved by the Ministry and is expected to be in operation early in 1953.

Tuberculosis

Fifteen new cases were recorded. Twelve of these were pulmonary and three non-pulmonary. This is an increase on previous years but the notifications so far received in 1953 show a downward trend. Fifty-five cases remained on the register at the end of the year, compared with 47 at the end of 1951.

Immunisation against Diphtheria .

Table 16 (which relates to Area 5) shows there has been a considerable increase in the number of children protected against diphtheria. The primary immunisation which should be undertaken at between six and nine months gives reasonable protection until school age, but it is important for booster doses to be given at school if the immunity of the community as a whole, is to reach a high level. With this in mind, work in the schools was stepped up in 1952.

Footnote:- Further increase has taken place in the current year, over 1,000 children having been given booster doses up to June 1953.

Vaccination against Smallpox.

The percentage of infants vaccinated against smallpox approximates to 45, but figures are not yet complete and there seems to have been some increase over last year's work.

Brucella Abortus.

Brucella Abortus organisms were recovered from 2 bulk samples during the year and appropriate measures were taken under the Milk and Dairies Regulations, in one of the cases. As reported by the Sanitary Inspector (sheet 6) a case of undulant fever was reported in a farmer and the opportunity was taken to examine all the animals in the herd regularly to determine the pattern of excretion of these organisms. This has required much work on the part of the Sanitary Inspector and of the Public Health Laboratory and I would also like to express my appreciation of the co-operation shown by the farmer. The Sanitary Inspector has tabulated the results to date on sheet 6 of his report and they seem to indicate that in some cases at least, animals are persistent excretors and not as the veterinarians maintain, excretors for short periods after calving. Moreover, the tests used were not the most sensitive available and animals giving repeated positive results must be excreting considerable numbers of bacteria and be a very real danger to health.

Anthrax.

Seven cases of suspected Anthrax in cattle and pigs were notified under the Anthrax Order of 1938. Action was taken under the Milk & Dairies Regulations in one case.

Housing.

The Sanitary Inspector, in his report, states that there are only four cases of statutory overcrowding known to the department. I would like to point out that where homes are so occupied as to be statutorily overcrowded relief is a matter of some urgency.

Furthermore, information is received from time to time of cases overcrowded on a bedroom standard. Such cases should be kept under continuous review since in the nature of things they are the families most likely to become statutorily overcrowded and thus place a responsibility on the Council. I would advise the Council to look for figures relating to known cases of overcrowding, both according to statutory and bedroom standards, together with any action taken to remedy the situation, as a regular feature of the Sanitary Inspector's report.

Water Supplies.

It is gratifying to see that 1,002 houses have now a mains supply and that 303 of these connections were made during the year under review.

The Council will note that some 60,133 gallons were carted during the year under the emergency water scheme, many on account of bacteriologically unsatisfactory samples. I believe the need for this expensive measure could be greatly reduced if thorough cleaning, repairing and chlorinating of the wells served were undertaken.

Sewage Disposal.

The short paragraph on Sheet 4 of the Sanitary Inspector's Report which reports 148 connections to the sewer reflects a progressive policy on the part of the Council and I am satisfied that the expense incurred is justified. More primitive methods of waste disposal are not necessarily inimical to health but the value of a water-carried system as an amenity is high indeed, as anyone who has experienced both systems will testify.

Refuse Collection and Disposal.

The scavenging scheme has been extended during the year to include further parishes but the Council has not yet seen fit to extend the service throughout its district.

A scavenging service has a considerable amenity value wherever it is available. As a factor in preventive medicine, its value is variable, depending upon the degree of urbanisation of the area, the availability and nature of ground and the habits of the people.

Every family has some waste matter of which it must dispose and proper arrangements must be made if a health hazard is to be avoided. This is not difficult on farms and such isolated establishments, but the absence of collecting arrangements in even a small village, can and does lead to indiscriminate dumping and the creation of nuisance and I would like to see the Council give sympathetic consideration to the adoption of a comprehensive scheme when the matter is again placed on the Agenda.

National Assistance Acts 1948/1951.

No action has been initiated or taken under Section 47 of these Acts during the year.

I would like to express my thanks to Council members for their co-operation, to Mr. C.R. Cadge, Mr. R.A. Gorham, Mr. K.S. Starling and Mr. R.W. Garrood and other officers of the Council for their willing assistance and to the staff of my County office, for the very considerable time and help they have given me in the preparation of this report.

A.E. BROWN,
M.D., B.S., D.P.H.

Table 1. GENERAL STATISTICS

Area in Acres	60,873
Estimated Resident Population	12,610
Rateable Value	£37,805
Sum represented by a Penny Rate	£ 158

Table 2. LIVE BIRTHS

	Males	Females	Total
Legitimate	86	92	178
Illegitimate	3	5	8
Total:	89	97	186

Live Birth Rate per 1,000 of estimate Resident Population.

Loddon Rural District	14.7.
* Area 5	15.6.

Table 3. STILL BIRTHS

	Males	Females	Total
Legitimate	2	-	2
Illegitimate	1	1	2
Total:	3	1	4

* Still birth rate per 1,000 total births.

Loddon Rural District	21.0
Area 5	28.0

Table 4. DEATHS (all ages)

Males	Females	Total
61	80	141

Crude Death Rate per 1,000 of estimated Resident Population :

Loddon Rural District	11.1.
Area 5	12.6.

Table 5. INFANT MORTALITY (Deaths of Infants under One Year)

	Males	Females	Total
Legitimate	1	1	2
Illegitimate	-	-	-
Total:	1	1	2

Infant Mortality per 1,000 Live Births

Loddon Rural District	10.7.
Area 5	28.8.

* Note: Area 5 comprises Depwade and Loddon R.D's and Diss and Wymondham U.D's.

Table 6. CAUSE OF DEATH OF INFANTS UNDER ONE YEAR

	Males	Females	Total
31. Congenital Malformations.	Nil	Nil	Nil
32. Other defined and ill-defined diseases (Prematurity)	1	1	2
Totals:	1	1	2

Table 7. CAUSE OF TOTAL DEATHS (Registrar-General).

	Males	Females	Total
1. Tuberculosis, respiratory	1	-	1
2. Tuberculosis, other	-	-	-
3. Syphilitic disease	-	-	-
4. Diphtheria	-	-	-
5. Whooping cough	-	-	-
6. Meningococcal infections	-	-	-
7. Acute poliomyelitis	-	-	-
8. Measles	-	-	-
9. Other infective and parasitic diseases	-	-	-
10. Malignant neoplasm, stomach	4	-	4
11. Malignant neoplasm, lung bronchus	4	-	4
12. Malignant neoplasm, breast	-	2	2
13. Malignant neoplasm, uterus	-	1	1
14. Other malignant & Lymphatic neoplasms.	5	10	15
15. Leukaemia, Aleukaemia	1	-	1
16. Diabetes	-	1	1
17. Vascular lesions of nervous system.	4	14	18
18. Coronary disease, angina	10	3	13
19. Hypertension with heart disease.	-	-	-
20. Other heart diseases	16	26	42
21. Other circulatory disease	5	4	9
22. Influenza.	-	-	-
23. Pneumonia	-	2	2
24. Bronchitis	3	2	5
25. Other diseases of respiratory system	-	-	-
26. Ulcer of stomach and duodenum	1	-	1
27. Gastritis, enteritis and diarrhoea	-	-	-
28. Nephritis, and nephrosis	-	-	-
29. Hyperplasia of prostate	1	-	1
30. Pregnancy, childbirth, abortion	-	1	1
31. Congenital malformations	-	-	-
32. Other defined and ill defined diseases	2	10	12
33. Motor vehicle accidents	-	-	-
34. All other accidents.	1	3	4
35. Suicide	1	-	1
36. Homicide and operations of war	-	-	-
TOTALS:	59	79	138

It is pointed out that there is a discrepancy between the total number of deaths recorded in this table, which is compiled from information given by the Registrar-General, and those of Tables 4 and 8, which are based on actual death notifications received.

Table 8. NOTIFICATIONS OF DEATHS RECEIVED DURING THE YEAR 1952
(According to Age Groups)

	Males	Females	Total
Under 1 year	1	1	2
1 and under 5	-	-	-
5 " " 10	-	-	-
10 " " 20	-	3	3
20 " " 30	-	-	-
30 " " 40	-	2	2
40 " " 50	-	2	2
50 " " 60	8	6	14
60 " " 70	15	10	25
70 " " 80	20	32	52
80 " " 90	15	21	36
90 " " 100	2	3	5
Total:	61	80	141

Table 9. SUMMARY OF BIRTHS AND DEATHS RATES

	1947	1948	1949	1950	1951	1952
<u>Live Births (per 1,000 pop.)</u>				(175)	(192)	(186)
Loddon Rural District	18.25	15.0	15.4	13.6	15.2	14.7
Area 5	18.6	15.7	14.5	14.9	15.4	15.6
England & Wales	20.5	17.9	16.7	15.8	15.5	15.3
<u>Still Births (per 1,000 total births)</u>				(4)	(7)	(4)
Loddon Rural District	17.93	45.8	44.3	22.3	35.1	21.0
Area 5	27.8	30.4	27.0	23.0	26.8	28.0
England & Wales	-	-	-	-	-	22.6
<u>Crude Deaths (per 1,000 pop.)</u>				(133)	(166)	(141)
Loddon Rural District	11.9	10.3	10.5	10.3	13.0	11.1
Area 5.	12.7	12.9	13.3	12.1	14.0	12.6
England & Wales	12.0	10.8	11.7	11.6	12.5	11.3
<u>Infant Mortality (per,1000 live births)</u>				(1)	(5)	(2)
Loddon Rural District	54.7	10.6	20.6	5.7	26.0	10.7
Area 5.	32.4	31.8	21.0	14.5	27.5	28.8
England and Wales	41.0	34.0	32.0	29.8	29.6	27.6

Note: The figures in brackets are the actual numbers for Loddon R.D.

TABLE 10

Birth-rates, Death rates, Analysis of Mortality, Maternal Mortality and Case-rates for Certain Infectious Diseases in the year 1952. Provisional figures based on Quarterly Returns.

	England & Wales	160 County Boroughs and Gt. Towns (including London)	160 Smaller Towns (Resident) Population 25,000-50,000 at 1951 Census	Area 5
<u>Rates per 1,000 Home Population.</u>				
<u>Births</u>				
Live births	15.3	16.9	15.5	15.6
Still births	0.35	0.43	0.36	0.45
	(22.6(a))	24.6(a)	23.0(a)	28.08(a)
<u>Deaths</u>				
All Causes	11.3	12.1	11.2	12.6
Typhoid & paratyphoid	0.00	0.00	0.00	0.00
Whooping cough	0.00	0.00	0.00	0.00
Diphtheria	0.00	0.00	0.00	0.00
Tuberculosis	0.24	0.28	0.22	0.11
Influenza	0.04	0.04	0.04	0.00
Smallpox	0.00	-	-	0.00
Acute poliomyelitis ...				
(including polio- encephalitis)	0.01	0.01	0.00	0.00
Pneumonia	0.47	0.52	0.43	0.27
<u>Notifications (Corrected)</u>				
Typhoid fever	0.00	0.00	0.00	0.00
Paratyphoid fever ...	0.02	0.02	0.03	0.00
Meningococcal infection	0.03	0.03	0.03	0.00
Scarlet fever	1.53	1.75	1.58	0.93
Whooping cough	2.61	2.74	2.57	2.54
Diphtheria	0.01	0.01	0.03	0.02
Erysipelas	0.14	0.15	0.12	0.15
Smallpox	0.00	0.00	0.00	0.00
Measles	8.86	10.11	8.49	11.88
Pneumonia	0.72	0.80	0.62	1.13
Acute poliomyelitis ...				
(including polioenceph- alitis)				
Paralytic	0.06	0.06	0.06	0.02
Non-paralytic	0.03	0.03	0.02	0.05
Food poisoning	0.13	0.16	0.11	0.21
Puerperal pyrexia ...	17.87(a)	23.94(a)	10.22(a)	4.68(a)
<u>Rates per 1,000 Live Births</u>				
<u>Deaths</u>				
All causes under 1 year of age	27.6(b)	31.2	25.8	28.89
Enteritis and diarrhoea under 2 years of age	1.1	1.3	0.5	3.06

(a) Per 1,000 Total (Live and Still) Births.

(b) Per 1,000 related live births.

TABLE 10 continued

MATERNAL MORTALITY IN ENGLAND & WALES

<u>Intermediate List No. and cause</u>	<u>Number of Deaths</u>	<u>Rates per 1000 Total (Live & Still) Births.</u>	<u>Rates per million women aged 15-44.</u>
A115. Sepsis of pregnancy childbirth and the puerperium ...	61	0.09	
A116. (Abortion with toxæmia 13 (Other toxæmias of (pregnancy and the (puerperium	147	0.02 0.21	1
A117. Haemorrhage of pregnancy and child- birth ...	59	0.09	
A118 Abortion without mention of sepsis or toxæmia ...	31	0.04	3
A119 Abortion with sepsis	47	0.07	5
A120 Other complications of pregnancy, child- birth and the puerperium ...	138	0.20	

TABLE 11

NOTIFICATIONS OF INFECTIOUS DISEASES (EXCLUDING TUBERCULOSIS) ACCORDING TO AGE GROUPS

	Under 1	1-2 yrs	3-4 yrs	5-9 yrs	10-14 yrs	15-24 yrs	Over 25	Total
Scarlet Fever			2	7				9
Measles	2	1	4	35	8	2	1	53
Whooping Cough	1		2	6			1	10
Pneumonia		1	1	2	1	1	6	12
Infective Jaundice				2			2	4
Poliomyelitis								
Dysentery								
Undulant Fever							1	1
Puerperal Fever							3	3
Food Poisoning								
TOTAL	3	2	9	52	9	3	14	92

TABLE 12

INCIDENCE OF INFECTIOUS DISEASES DURING 1952 (other than Tuberculosis)

QUARTERS					
	1st	2nd	3rd	4th	TOTAL
Scarlet Fever	7	1		1	9
Measles	22	2	29	-	53
Whooping Cough	2	4	3	1	10
Pneumonia	6	2	1	3	12
Infective Jaundice	3	-	-	1	4
Poliomyelitis	-	-	-	-	-
Dysentery	-	-	-	-	-
Undulant Fever	-	-	1	-	1
Puerperal Fever	1	-	1	1	3
Food Poisoning.	-	-	-	-	-
TOTAL	41	9	35	7	92

TABLE 13. TUBERCULOSIS (Details of New Cases during 1952).

Age Period	Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.
0-4	-	-	1	-
5-14	1	-	-	1
15-24	-	4	1	-
25-34	-	2	-	-
35-44	2	-	-	-
45-54	1	-	-	-
55-64	1	1	-	-
65 plus.	-	-	-	-
TOTALS	5	7	2	1

Table 14. TUBERCULOSIS (Number of Cases on T.B. Register ended 1952)

	Males	Females	Total
PULMONARY	32	23	45
NON-PULMONARY	8	2	10
TOTALS;	40	25	55

Table 15. DETAILS OF NEW CASES OF TUBERCULOSIS FOR LAST FIVE YEARS

	1948	1949	1950	1951	1952
Pulmonary M	5	6	1	4	5
F	-	3	-	6	7
Non-Pulmonary M	1	-	3	1	2
F	1	-	-	-	1
Total:	7	9	4	11	15
Area 5 Total:	25	34	31	36	43

Table 16. DIPHTHERIA IMMUNISATION

The following is the number of notifications of primary and booster injections recorded during the last three years, in respect of Area 5.

	Primary Injections		Booster Injections	
	Under 5	Age 5-14	Under 5	Age 5-14
1952	371	95	15	580
1951	460	70	9	178
1950	487	100	6	447
TOTAL:	1,318	265	30	1,214

Table 16(a) The state of diphtheria immunisation in Area 5 of children born during the years 1949 to 1952 is shown in the following table :-

	Area 5			
	1949	1950	1951	1952
Number of Live Births Registered	616	590	617	623
Number of Diph. Imm.	355	380	340	110
Percentage Immunised	57.6	64.4	55.1	17.6

Table 17. VACCINATION AGAINST SMALLPOX

The state of vaccination of children born during the years 1949 to 1952 resident in the District and in Area 5 is shown in the following table.

	<u>LODDON R.D.</u>				<u>AREA 5</u>			
	1949	1950	1951	1952	1949	1950	1951	1952
Number of live births registered.	194	175	192	186	616	590	617	623
Number of vaccinations recorded.	71	80	88	83	349	345	377	342
Percentage vaccinated.	36.6	45.7	45.8	44.6	56.6	58.4	61.1	54.8

Table 18 DEATHS DUE TO CANCER (LODDON R.D.)

	1947	1948	1949	1950	1951	1952
Number of deaths	15	19	27	18	25	26
Percentage of Total Deaths	10.5	14.8	23.8	13.3	15.0	18.4

Table 18(a) DEATHS DUE TO CANCER (AREA 5)

	1947	1948	1949	1950	1951	1952
Number of deaths	59	83	82	84	86	82
Percentage of Total Deaths	11.7	16.9	16.8	17.3	15.3	16.3

LODDON RURAL DISTRICT COUNCIL.

Annual REPORT.

FOR THE YEAR 1952.

To the Chairman and Members of the
Loddon Rural District Council.

Mr. Chairman, Ladies, and Gentlemen,

I have the honour to present my Annual Report
for the year ending 31st December, 1952.

STAFF.

Clerical	2
Water	5
Sewerage	1
Scavenging	4
Rodent Control	1

Since the last report, Mr. K.W. Rager, Assistant Sanitary
Inspector has left and taken up an appointment in Canada.

Mr. R.W. Garrood has been appointed to the position.

HOUSING.

The total number of houses in the district is 5,938 of
which 679 belong to the Council, including 30 prefabs and 72
hutments.

There is a general improvement in the fitness of houses.
As old dwellings become vacant, undertakings are obtained from
owners, not to re-let until satisfactorily improved or demolition
orders are served as the case may be. It will be a long time
before the whole district is satisfactorily dealt with, but the
process of improvement is gradual and positive. Many of the
houses are beyond repair and it becomes a matter for the Council
to endeavour to house the occupants, so that demolition may be
executed.

Five houses have been improved by owners taking advantage
of the Housing Act Improvement Grants, and other applications
are in hand.

Other action with regard to old houses, is as follows:-

Dangerous structure visits	4
Demolished Houses	1
Defective drainage	10
Defective drainage remedied	10
Defects reported	8
Repairs to houses as result of informal action.	17

HOUSING (Continued)

New Housing

During the past year, 33 dwellings were completed, this total being made up as follows:-

(a). <u>Bungalows</u>	12 Council	
	<u>5</u> Private	
	17	
(b). <u>Houses</u>	3 Private	16
	<u>13</u> Council	<u>17</u>
	16	Total 33
Under Construction.	9 Private	
	<u>99</u> Council	
	108	

OVERCROWDING

Only 4 cases of statutory overcrowding are known to have existed, and where possible, remedial action has been taken. Cases of overcrowding by bedroom standard came to our notice from time to time. This fact is stressed where the people are applicants for Council Houses, but where application has not been made, no action can be taken legally. The abatement of this type of overcrowding although highly desirable, is one that will continue to be a problem for some time to come, and no figures can be given, as it would require another housing survey.

VERMINOUS AND DIRTY PREMISES.

The district is comparatively free from this type of property. Only 4 verminous houses were reported, and each was treated successfully.

With regard to dirty premises, there were 3 cases, but after instructing the families and re-visiting, there was considerable improvement.

MOVEABLE DWELLINGS

6 licences were granted to station caravans in the district. This is a slight increase over the previous year. 20 visits were made in connection with moveable dwellings.

WATER SUPPLIES.

Mains water is supplied in bulk from Norwich C.B. and Bungay U.D.C. As the main was extended to the Tower at Topcroft, the use of the two bores has been discontinued. The bore at Ellingham was in use throughout the year,

Proposals for the laying of a 9" main direct from Norwich to a 250,000 gallon Tower at Loddon Ingloss, and a 35,000 gallon Tower at Yelverton, and further extensions of mains have been approved by the Ministry of Local Government and Planning.

Proposals for development of headworks at Bungay U.D.C. and for provision of pumping main to Tower at Ditchingham, and extension of mains have been approved.

Depwade R.D.C. still continues to draw bulk supply from the Topcroft Tower. 3,015,843 gallons being supplied. Extensions were carried out at Gillingham, Geldeston, Ellingham and part of Broome.

WATER SUPPLIES (Continued)

The steel shortage has continued, preventing the commencement of work on the proposed Towers at Loddon Ingloss and Yelverton.

Total mileage of mains is now $41\frac{3}{4}$ miles.

Connections made to the mains now total 1002. 303 being made during the year as follows:-

<u>Parish.</u>	<u>Meter supplies.</u>	<u>Council Houses House.</u>	<u>Houses stdps.</u>	<u>Private House</u>	<u>stdps.</u>	<u>Total for year</u>	<u>Total to 31. 12. 52.</u>
BROOKE.	2	=	1 for 14 hses.	24	1 for 3 hses.	28	180
CHEDGRAVE	1	12	-	16	1 for 1 hse.	30	48
LODDON.	4	42	-	40	-	86	291
MUNDHAM.	-	-	-	1	-	1	22
SEETHING.	1	-	-	4	-	5	44
KIRSTEAD.	-	-	-	2	-	2	29
WOODTON	4	-	=	9	-	13	51
BEDINGHAM.	1	-	-	-	-	1	26
TOPCROFT	10	-	-	15	1 for 1 hse.	26	66
DITCHINGHAM	1	-	-	15	1 for 1 hse.	17	129
BROOME	2	-	-	12	-	14	14
KIRBY CANE	-	-	-	6	-	6	13
ELLINGHAM	2	-	-	1	-	3	12
THWAITE	-	-	-	-	-	-	6
HEDENHAM	1	-	-	-	-	1	1
HECKINGHAM	1	-	-	1	-	2	2
RAVENINGHAM	-	27	-	-	-	27	27
GELDESTON.	2	-	-	12	-	14	14

The cartage of Emergency Water has continued but has been reduced. 60,133 gallons were delivered during the year. The majority of the wells made up during the year but as the water was unsatisfactory on analysis the Sanitary Committee recommended that supply should continue in the interests of Public Health.

Water Samples.

	<u>Satisfactory.</u>	<u>Unsatisfactory.</u>
Bact. (drinking)	31	61
Chem. (drinking)	9	5
(other)	1	5
Total	41	71

Water Samples (Continued)

Treatment of 3 wells was continued. After several weeks it was found that chlorination by chloride of lime was not having the required sterilizing effect on the water. This method was discontinued because of the unstable chloride of lime, the amount of available chlorine being reduced in quite a short period. Chlorination was continued with "Chloros". The bacteriological reports improved and both coliform and faecal count graphs began zeroing. After several months of sampling, the Norton well began to show a small faecal count. This fluctuated but persisted in spite of increased doses of chlorine, until at last the well had to be closed. Results at the other two wells gradually deteriorated and the Housing Officer was asked that the wells be cleaned out, scrubbed down, and all brickwork and gear to be checked. This work has been put in hand, and progress will be reported for the year 1953.

SEWAGE DISPOSAL.

The two sewage plants continue to work satisfactorily.

The Council agreed to enforce connections under the Public Health Act, 1936, and notices were served on owners of properties in Loddon, Chedgrave and Brooke.

Notices served: Conversions 149. Complied with 116.

Properties now connected:-	<u>Private</u>	<u>Council</u>	<u>Total</u>
Loddon & Chedgrave.	192	133	325
Brooke.	102	24	<u>126</u> <u>451</u>

Conservancy. Loddon, Chedgrave and Ditchingham.

Night soil collection was carried out satisfactorily on Thursday and Friday night of each week. Towards the end of the year re-organisation was planned, so that collections could be made in one night. This was made possible by the increased number of properties connected to the sewer.

On October 18th the new sump for night soil was put into operation. Sewage is pumped from this concrete tank by means of a Pegson "Mudhog" pump into the balancing tank and then through the works.

REFUSE COLLECTION AND DISPOSAL.

A comprehensive scavenging scheme was prepared and submitted to a special meeting of the Sanitary Committee, (including a co-opted member of Finance and Staff Committee). The scheme was deferred indefinitely. I feel it my duty, however, to bring up this matter again next year.

The Council finally agreed to the employment of a full time tip man, on receiving complaints by the County Council, that the condition of the refuse tip was not satisfactory and was not in accordance with the agreed requirements. Since the employment of this man, the refuse tips are now regularly maintained, so that they are hygienic, and well covered to avoid unsightliness.

Scavenging of additional parishes was considered possible, in view of the collection of night soil in one night only and the employment of the tip attendant as an additional loader on that night.

REFUSE COLLECTION AND DISPOSAL (Continued)

All parishes were asked if they desired refuse collection. Norton, Woodton, Ellingham, Heckingham and Thwaite requested collection and will be served fortnightly commencing on January 1st, 1953.

Broome had requested collections earlier and this parish was included in May. The supply of earth for the covering of deposited refuse remains a problem. Difficulty also arises in obtaining rubble and ashes for the tip roads.

SUPERVISION OF FOOD SUPPLIES.

Food Premises.

59 visits including 26 to Fish frying premises. The Royal Norfolk Show restaurants and catering establishments were inspected and found to be satisfactory.

Bakehouses.

6 visits made to bakehouses, both are well maintained, and have recently been reconditioned.

Dairies, Milk etc..

There appears to be a gradual turn over to the sale of T.T. and pasteurised bottled milk supplied by the Milk Marketing Board. This is greatly welcomed as a highly desirable step towards the hygienic preparation and sale of the most perishable of all foods.

Dealers and Distributors.	11
Licences Dairies.	6
Visits and inspections.	33.

Ice Cream.

There is also an increase in the number of persons licenced to sell Ice Cream in the district.

New licenced Ice Cream Premises.	4.
Total number if licenced Ice Cream premises.	29
Visits and inspections.	10.

Slaughter Houses

(a). Licenced	4.
Visits	12.

Knackers Yards.

(a). Licenced	2.
Visits	37.

A dead beast brought into a Knackers Yard was confirmed as an Anthrax case. Carcases were burned and blood buried with quick lime, and the whole building was cleansed with concentrated disinfectant. No person connected with the case was affected. 5 calves, 2 beasts, bones, hides and the removable floor of the lorry were destroyed as they had been contaminated with blood from the infected animal.

Knackers Yards(Continued)

The knacker agreed that there would be an element of risk if the aforementioned items were not destroyed and would bear the loss as unfortunately no compensation is payable.

Inspection and Condemnation of Food.

Granulated Sugar.	129 lbs.
Processed Peas.	5 tins.
Pershire Plums.	1 tin.
Powdered Milk.	4 stone.
Tea.	2½ lbs.
Beef.	156 lbs.
Kidney and Suet.	8 lbs.
Minced Beef.	11 lbs.

FACTORIES AND WORKSHOPS.

8 visits, two premises were altered to provide satisfactory sanitary accommodation.

RODENT CONTROL.

A full time Rodent Operator has been employed throughout the year. Work is carried out in a very satisfactory manner. Monthly reports are submitted to the Sanitary Committee.

Where requested work has been undertaken for farmers, but this has been so arranged not to interfere with routine work.

Visits and inspections 22.

INFECTIOUS DISEASE CONTROL.

11 visits. 8 fumigations.

In September a case of Undulant Fever was reported. This disease is caused by drinking milk infected with Brucella Abortus. The patient gradually recovered and it was decided to use the herd for research. This entailed the closest co-operation between the farmer, the Public Health Laboratory, and this Department. Sampling was begun on 16th September and is to be continued for twelve months, samples being taken at fortnightly intervals.

1952.

Name of Cow.	16/9.	30/9.	14/10.	28/10.	11/11.	25/11.	9/12.	22/12.
Hoppity.	Dry	Calved	-	-	-	-	-	-
Sandy.	-	⌘	Dry	SOLD	-	-	-	-
White Socks	Calved	-	-	-	-	-	-	-
Polly	-	-	-	-	-	-	-	-
Cantley	-	-	-	-	-	-	-	SOLD.
Flo	Dry	Dry	Dry	Dry	Dry	Calved	-	-
Pansy	-	-	-	-	-	-	-	-
Spot	-	⌘	⌘	⌘	-	⌘	⌘	⌘
Betty	Dry	Dry	Dry	Calved	-	-	-	-
Hetty	-	-	-	Calved	-	-	-	-
Chloe	-	Dry	Dry	Dry	Dry	Calved	⌘	⌘
Maggie	-	--	Dry	Dry	Dry	Dry	Dry	Dry
Victoria	Dry	Dry	Dry	Dry	Dry	Calved	-	-
Freda	Dry	Dry	Calved	Calved	-	-	-	-

- To Sheet 7 -

1952. (Continued).

Name of Cow.	16/9.	30/9.	14/10.	28/10.	11/11.	25/11.	9/12.	22/12.
Jane	-	-	-	-	-	Dry	Dry	Dry
Stella	-	-	-	-	-	-	SOLD	
Darky	-	*	*	*	*	*	*	*
Princess	-	-	-	-	-	-	-	-
Helia	Calved	-	-	-	-	-	-	-
Monica.	Dry	Dry	-	-	-	-	-	-

* denoted positive.

- denotes negative.

OTHER INSPECTIONS AND VISITS.

House Inspections	106	
Visits re Undertakings	8	
Foul ditches etc.,	22	
Drainage visits	573	
Drainage tests	377	
Sewer Connections and Surveys	78	
<u>Conversions etc.,</u>	<u>Notices served</u>	<u>Complied</u>
Closets.	149	116
Sinks	144	114
Water.	121	92
Sewers and Sewage Works	60.	
Cesspools	3	
Water Supplies	173	
Mains and Headworks	113	
Public Conveniences	60	
Refuse	67	
Diseases - Animals Act.	15	
Petroleum Visits	17	
Meetings with M.O.H.	9	
Levelling	12	
Improvement Grant visits	58	
Improvement Grants	5	

Building Byelaws.

Building Byelaw visits	183
Plans submitted	73
Plans approved under Byelaws	55

Building Byelaws. (Continued)

Conditional approval	18
Rejected plans.	0

Town Planning

Submitted	86.
Approved	79
Refused	3
Submitted which were permitted development	3
Plans withdrawn.	1.
Visits	15.
Meetings with Owners and Builders	104.
Sub-Committees.	9.

My thanks are again due to the Committee and Council for such interest and support that has been given during the year and to the Medical Officer of Health, Doctor A.L. Brown.

I am, Mr. Chairman, Ladies and Gentlemen,
Your obedient Servant,

K.S. STARLING, C.R.S.I., M.I.H., M.S.I.A.,
Senior Sanitary Inspector & Building Surveyor.
